

RESTRICTION

Appx 'C'

(Ref Para 3 (d) (ii) of SOP)

APPLICATION FORM FOR ISSUE OF VECHILE PASS : OLD AIR FD SRINAGAR

1. Registration No : _____
2. Owner Name : _____
3. Unit : _____
4. Local address of owner with
Qtr No.Colony with Tele No : _____

5. Make & color of Veh : _____
6. Chassis No : _____
7. Engine No : _____
8. Year of Make : _____
9. Issued by/RTO : _____
10. Old Pass No/Fresh Pass : _____
11. Driving License NO : _____

Dated : _____

Affixed
single
photograph
duly attested
by
sponsoring
officer

(Signature of the applicant)

CERTIFICATE

Certified that Veh Registration No _____ Make _____ is owned by
_____ and issued of TEMP/PERMT VEH PASS is recommended through
JAK LI/BDS Gate valid upto _____.

Station : C/o 56 APO
Dated : _____

Sig of Sponsoring Offr
CO/OC/Comdt

Note:- Photocopy of owner driving license, Insurance and Registration cert to be attached with this application.